U.S. Department of Labor Off of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Inrough: 1	2 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organiz	ation.
Name Steve J Alvarez	Name Carpenters & Piledrivers Lo	ocal Union 1846
	Labor Organization File Number 029-977	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1060 Oak Avenue	Street 315 South Broad Street	
City Westwego	City New Orleans	
State Louisiana ZIP Code + 4 70094 - 3024	State Louisiana Z	IP Code + 4 70119
5. Position in labor organization, Warden		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu-	sions set forth in the instructions):	e following interests
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	oenved income or other economic behelf of on represents or is actively seeking to represer	nt.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	•
Street		
City		\$0
State ZIP Code + 4		
Sign	ature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ing documents), has been examined by the signatory	at all of the information and is, to the best of the
Signed Store J. Olvare	On 08/08/2005 504-822-2243	3
	. Date Tele	phone Number

Name of Person Filing Steve Alvarez		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the busines: actively seeking to represent, or indirectly to, or otherwise	S			
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name					
Trade Name, if any:	a. Labor Organiza	ition			
P.O. Box, Bldg., Room No., if any	c. Employer	b. Trust			
Street					
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value	ue of such dealing.	\$0		
City .	12.a. Nature of interest hel		<u>'</u>		
State ZIP Code + 4]				
	12.b. Amount.		\$0		
C. Received from any employer (other than an employer covered ur	dornada A and D abova)				
or from any labor relations consultant to an employer any payment of mon					
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.		\$0		